



United States Department of the Interior

NATIONAL PARK SERVICE
Golden Gate National Recreation Area
Fort Mason, San Francisco, California 94123

Dear Prospective Permittee,

Our condolences to you and your family as you plan your options for the disposition of the cremated remains of your loved one.

When filling out the special event application you may leave the grey areas blank.

If you have any questions please contact me at (415) 561-4374 or james_marks@nps.gov We will check for any scheduling conflicts on the park event calendar and answer your questions about your options for the scattering of cremated remains within in the Golden Gate National Recreation Area.

In order to secure your date you must submit the application fee along with a completed application. Payment may be made in one of three ways credit card, cashier's check and money order. Cashier's check or money order should be made out to the National Park Service. To pay by credit card please call me at (415) 561-4374.

Upon our review and approval of your application and receipt of the total balance due a permit will be sent to you for your review and signature (special circumstances related to your plans may necessitate management fees).

If you have any questions please contact me at (415) 561-4374 or james_marks@nps.gov We will check for any scheduling conflicts on the park event calendar and answer your questions about your options for the scattering of cremated remains within in the Golden Gate National Recreation Area.

James Marks,
Park Ranger, Event Assistant

(NPS Form 10-930)
(OMB No. 1024-0026)
(NEW 10/00)
(Expires 3/31/2010)

National Park Service
Golden Gate National Recreation Area
Office of Special Park Uses
Building 204 Fort Mason
San Francisco, CA 94123
Phone (415) 561-4374 Fax: (415) 561-4305
james_marks@nps.gov



Application for Special Use Permit (Ash Scattering)

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States as also insured.

Applicant Name:	Organization Name:
Social Security #:	Tax ID #
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax#:
E-mail:	E-mail:

Description of Proposed Activity (attach diagram, attach additional pages if necessary):

Requested Location: _____

Date(s): _____

Event set up will begin: (date and time)	Event will begin: (date and time)	Event will end: (date and time)	Removal will be done: (date and time)

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of Vehicles _____ (attach parking plan)

Support Equipment (list all equipment; attach additional pages if necessary)

List support personnel (contractors, etc. including addresses and telephones attach additional pages if necessary) _____

Individual in charge of event on site (include address, telephone and cell phone numbers): _____

Is this an exercise of First Amendment Rights?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are you familiar with/ have you visited the requested area?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Have you obtained a permit from the National Park Service in the past?	<input type="checkbox"/> Y	<input type="checkbox"/> N
(If yes, provide a list of permit dates and locations on a separate page.)		
Do you plan to advertise or issue a press release before the event?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Will you distribute printed material?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(If yes, please explain on a separate page.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do you intend to solicit donations or offer items for sale?		
(These activities may require an additional permit.)	<input type="checkbox"/> Y	<input type="checkbox"/> N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$65.00 made payable to **National Park Service**. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. *This completed application should be mailed to **James Marks** at the Park address found on the first page of this application.*

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240